

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. _____)

Registration District No. 85
Primary Registration District No. 1001
1802 Crest Ave.

File No. 185
Registered No. 22
St. _____ Ward _____

2. FULL NAME

James Franklin Burnham

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie B. Burnham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept, 22, 1879</u>		
7. AGE <u>52</u>	YEARS <u>3</u>	MONTHS <u>15</u>
		DAYS <u>15</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retail Clothier.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>159</u>
	10. Date deceased last worked at this occupation (month and year) <u>June, 1930</u>	11. Total time (years) spent in this occupation. <u>25</u>

12. BIRTHPLACE (CITY OR TOWN) Graham, Mo.
(STATE OR COUNTRY)

13. NAME David Burnham
14. BIRTHPLACE (CITY OR TOWN) Unknown, 2
(STATE OR COUNTRY) Vermont

15. MAIDEN NAME Ellen Dunning
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Wis.

17. INFORMANT Mrs. Hattie B. Burnham
(ADDRESS) 1802 Crest Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cemetery DATE Jan, 9, 1932

19. UNDERTAKER Walter Macintosh
(ADDRESS) 1302 Parson St., St. Joseph, Mo.

20. FILED JAN 8 1932
John P. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 7, 1932 . 19

22. I HEREBY CERTIFY, That I attended deceased from
Nov 30 1931, to Jan 7 1932

I last saw him alive on Jan 6 1932 Death is said
to have occurred on the date stated above, at 3.20 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Ch.

Date of onset
Months

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. P. Ineson M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.

